

CLAIMS ONLY	SERIAL NO. _____ FILING DATE _____	APPLICANT(S) _____
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CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/					
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	0	←		←		←
TOTAL CLAIMS	2					

	☆	☆	☆
	IND.	DEP.	IND.
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100			
TOTAL IND.		↓	
TOTAL DEP.		←	
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS